§870.1206

- (b)(1) The employee/assignee(s) must submit the request to elect portability to the employing office and to the Portability Office within 60 days following the date of the terminating event (74 days if living overseas). A mailed notification or request is considered to be received 5 days after the date of the notification/request.
- (2) An employee/assignee who fails to request portability within the required time frame is considered to have refused coverage.
- (3) Ported coverage is effective the day after coverage as an employee ends.

§870.1206 Termination and cancellation of ported coverage.

- (a)(1) Ported coverage stops April 24, 2002, subject to the 31-day extension of coverage and right to convert, as provided in subpart F of this part.
- (2) Ported coverage stops at the beginning of the 2nd calendar month after the individual reaches age 80 or, if the individual is age 80 or older at the time he/she elects portability, the 2nd month after the effective date, subject to the 31-day extension of coverage and right to convert, as provided in subpart F of this part.
- (b)(1) An individual with ported coverage can cancel coverage at any time. Exception: If the individual assigned his/her coverage as provided in subpart I of this part, only the assignee can cancel coverage.
- (2) If an individual with ported coverage does not make a premium payment on time, the Portability Office will send him/her a notice stating that coverage will continue only if the individual makes payment within 15 days after receiving the notice (45 days if living overseas). If the individual does not make payment within this time frame, Option B coverage cancels.
- (3) An individual whose ported coverage cancels, whether voluntarily or for nonpayment, does not get the 31-day extension of coverage or the right to convert.

§ 870.1207 Designations, assignments, and court orders.

(a)(1) If an employee has a valid designation of beneficiary on file at the

- time he/she elects portability, that designation remains in effect.
- (2) An individual with ported coverage who wishes to file a designation of beneficiary must submit the form to the Portability Office.
- (3) If an individual with ported coverage returns to Federal service, any designation of beneficiary remains in effect.
- (b)(1) If an employee assigns his/her coverage before electing portability for Option B, that assignment remains in effect.
- (2) If an individual with ported coverage wishes to make an assignment, he/she must submit the form to the Portability Office.
- (3) If an individual with ported coverage returns to Federal service, any assignment of coverage remains in effect. Basic insurance and any Option A coverage acquired through the return to service are subject to the existing assignment.
- (c)(1) If the employing office received a valid court order on or after July 22, 1998, that court order remains valid for the ported coverage.
- (2) Anyone wishing to submit a court order relating to an individual with ported coverage must submit it to the Portability Office.
- (3) If an individual with ported coverage returns to Federal service, any valid court order on file remains in effect.
- (d) When an individual submits a request to elect portability for Option B coverage, the employing office must send the originals of all designations, assignments, and court orders on file to the Portability Office.

§870.1208 Return to active service.

- (a)(1) When an individual with ported coverage returns to Federal service, the agency must notify the Portability Office.
- (2) The Portability Office must terminate the ported coverage and send the originals of all designations, assignments, and court orders to the new employing office.
- (b) The employee will get back the number of multiples of Option B he/she had before the terminating event. Exceptions:

- (1) A person who cancels a multiple or multiples of Option B coverage after electing portability will get back only the number of multiples remaining.
- (2) A person whose ported coverage cancels for nonpayment of premiums will not get back any Option B coverage automatically.

PART 875—FEDERAL LONG TERM CARE INSURANCE PROGRAM

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Subpart A—Administration and General Provisions

§875.101 Definitions.

This part is written as if the reader were an applicant or enrollee. Accordingly, the terms "you," "your," etc., refer, as appropriate, to the applicant or enrollee.

In this part, the terms annuitant, employee, member of the uniformed services, retired member of the uniformed services, and qualified relative have the meanings set forth in section 9001 of title 5, United States Code, and supplement the following definitions:

Abbreviated underwriting is a type of underwriting that asks fewer questions about your health status than with full underwriting to enable the Carrier to determine whether your application for coverage will be approved. The Carrier may also require review of your medical records, a phone interview, or an in-home interview.

Actively at work means: